

# LYCÉE FRANÇAIS DE STAVANGER



POSTBOKS 370 SENTRUM, N-4002 STAVANGER, NORVÈGE  
Tél. (+47) 51 91 94 50 - E-mail : [lf.stavanger@mlfmonde.org](mailto:lf.stavanger@mlfmonde.org)

## APPLICATION-FRENCH SCHOOL 2018-2019

	Father (or legal responsible)	Mother (or legal responsible)
Name FAMILY NAME		
Address in Norway:		
Private telephone:		
Private Em@il:		
Name of the Company:		
Company's address:		
Work telephone:		
Work Em@il:		
Job title:		
Desired starting date:		

Integrated in TOTAL E&P NORGE AS Organisation:

Do(es) the child/children speak French:

### To be filled in when school fees are chargeable to applicant's **company**:

Name and address of the company:	Date:	Signature:	Stamp:

### To be filled in when school fees are paid on a solely **private basis**

**NB: please provide with the attached Employer's certificate – ref. page 3**

Name of parent :	Date:	Signature:	Employed by:

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## Information Chart for Registration

Child's Family Name	Child's Name	Date of birth	Place of birth	Gender F/M	Class level 18/19	Nationality	Mother tongue	1st and 2 <sup>nd</sup> foreign languages learnt at school (secondary school)	School of origin

**NB: Please provide the School with the following documents for each child you would like to register (Registration is not complete before all documents are provided):**

- A passport copy
- EXEAT or End of school registration Certificate - *certificat de radiation*
- School file – *Dossier scolaire*
- Employer's certificate (page 3)

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## Employer's Certificate

We (employer's name) ....., hereby confirm that our employee (employee's name) ..... is not receiving from our company any schooling allowance or any other fully or partially financial support dedicated for school fees payment.

Our employee's children school fees for *Lycée Français de Stavanger* are solely covered on a private basis.

Company Name	Company Registration Number (organisasjons nr)	Address	HR Dpt Phone & Em@il

Employer's signature

Company's Stamp:

Full Name \_\_\_\_\_

Position \_\_\_\_\_

Signature: